FEC FORM 1

Office

Use

Only

MAND DELIVERED STATEMENT OF ORGANIZATION

FEC MAIL CENTER

2015 JUN 15 ... AM 11 3.28

			Office Use Onty D	
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
WRIGHT 2016				
ADDRESS (number and street)	193 Malcolm X B	<u>Blvd </u>		
☐	Suite 1			
	New York III		NY 10026 → ZIP CODE ▲	
COMMITTEE'S E-MAIL ADDRES	ss			
(Check if address is changed)	info@wright2016	o.com		
[Optional Second E-Mail A	Address		
} }				
COMMITTEE'S WEB PAGE ADD	ORESS (URL)			
(Check if address is changed)	www.wright2016	com , , , , , , , , ,		
		<u></u>		
2. DATE 06 06)) (~ ~ ~ 3			
3. FEC IDENTIFICATION NUMBER ▶				
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	nis Statement and to the be	est of my knowledge and belief	it is true, correct and complete.	
Type or Print Name of Treasure	Charlette Mir	miasie		
Signature of Treasurer	Marlitte	Minimi	20ate 0.6 (5 / 8.0), 5	
NOTE: Submission of false, errone		on may subject the person signing	this Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.	

For further information contact:

Federal Election Commission

Toll Free 800-424-9530

Local 202 694 1100

FEC FORM 1

(Revised 06/2012)

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5.			COMMITTEE		
	(a)	\boxtimes	This committee is a principal campaign committee. (Complete the candidate information below.)		
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)					
		lame of Keith L.T. Wright			
		idate Affiliatio	on DEM Office Sought: House Senate President	State NY District 13	
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate					
	Par	ty Com	nmittee:		
	(d)			Democratic, epublican, etc.) Party	
	Political Action Committee (PAC):				
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:	
			Corporation Corporation w/o Capital Stock	Labor Organization	
			Membership Organization Trade Association	Cooperative	
			In addition, this committee is a Lobbyist/Registrant PAC.		
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party	
			In addition, this committee is a Lobbyist/Registrant PAC.		
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
	Joint Fundraising Representative:				
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political	
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political	
		Com	nmittees Participating in Joint Fundraiser		
		1.			
		2.			
		3. •	FEC ID number		
		4.	FEC ID number		

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٧	Vrite or Type Com WRIGHT			
6.	Name of Any (Connecto	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor
L		111		<u> </u>
_		111		
	Mailing Address			
	-			
				-
			CITY STATE	ZIP CODE
	Relationship:	Conne	ected Organization Affiliated Committee Joint Fundraising Representative	eadership PAC Sponsor
7.	books and reco	rds.	Identify by name, address (phone number optional) and position of the person in p	USSESSION OF COMMINGE
	Mailing Address		193 Malcolm X Blvd.	
			[Şui _i te _i 100 ₁	
			New York	26 _] - []
	Title or Position		CITY STATE	ZIP CODE
	Treasure	<u> </u>	Telephone number [646]-[752 -[1,949,
8.			e and address (phone number optional) of the treasurer of the committee; and the r.g., assistant treasurer).	name and address of
	Full Name of Treasurer	Çha	arlette _i Mimiasię , , , , , , , , , , , , , , , , , , ,	
	Mailing Address	Mailing Address 193 Malcolm X Blvd		
			[Şuite _: 100,	
			New York 1 100	26
	Title or Position		CITY STATE	ZIP CODE

Telephone number 646 - 752 - 1949

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Full Name of Designated Agent					
Mailing Address					
Title or Position	CITY	STATE Telephone number	ZIP CODE		
safety deposit boxes or ma	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.				
Mailing Address	er Federal Şavings Bank				
	New York	STATE	10027 -		
Name of Bank, Depository	, etc.				
Mailing Address					
	CITY	STATE	ZIP CODE		

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No Postmark	
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PREPARER (3/2015)	DATE PREPARED
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